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## Staging Silence: Arab Women's Cancer Experience.

**Abstract:** This paper offers a critical reflection on the play *I Am Waiting For You* [Wasafuli Al-Sabr] which was written by the author and directed by Lina Abyad. Based on extensive interviews with real-life female cancer patients from the Arab world, the play was the first dramatic staging of Arab women's experience of cancer. To summarise, the paper begins by underlining that the history of women's cancer in the Arab World has hitherto been a history of silence – of shame, taboo, prohibition, and repression – before going on to reflect upon the creative, textual, and dramatic strategies the play deployed to make this silence 'speak.' The essay then focuses on the ways in which this unspoken and unexpressed experience of cancer *itself* became a (necessary) artistic medium by which the subjectivity of women who had experienced cancer could be articulated. In particular, the essay addresses three layers or forms of silence in the play: (1) the silence of the women the author interviewed; (2) how silence functioned as a structural device or trope within the play and, finally and most importantly, (3) how this silence could be resisted, if not verbally, then at least physically and materially.

Keywords: Arab, cancer, performance, silence, body, testimony.

### Introduction: 'That Disease'

In Arab culture, cancer was for a long time the disease with no name. It was, and in many instances still is, euphemistically described using different titles: 'heydek al-marad [that disease] (Lebanon)'; 'al-marad al-wihish [the nasty disease]' (Egypt) and 'al-marad al-'atel [the dreadful or lousy disease]' (Palestine).<sup>1</sup> Even when cancer is named, it is often in a foreign language: individuals who choose to identify the condition often resort to its French or English designation, 'cancer' or 'cancer'. As renowned Egyptian feminist Nawal El Saadawi puts it in her autobiography *Daughter of Isis* (1999):

No-one dared, no-one could bear to pronounce the word cancer. Death was a

word that was easier spoken. When people spoke about cancer they said, ‘You know, that disease’. (208)<sup>2</sup>

This linguistic evasion is a symptom of a much deeper and more troubling silence on the experience of cancer in the Arab world more generally, which is radically at odds with what Mary DeShazer (2005) calls the ‘cultural shift’ in the ways that the West speaks about and represents cancer. For DeShazer, ‘living with cancer has become the topic of our times,’ receiving sustained media attention and producing a rich and vibrant body of literature that has challenged and changed the ways in which people think about and experience the condition (2-3). In the Arab context, though, silence still reigns where cancer experiences are concerned.

To anticipate the focus of this essay, I wish to argue that this culture of silence impacts most powerfully and destructively upon women and on the female body.<sup>3</sup> It is well documented that the culture of silence surrounding cancer has become so deeply engrained that Arab women, especially those living outside major cities, still find it difficult or impossible to speak about their cancer diagnosis and treatment. For a whole set of violent normative forces – social, gendered, political, and religious – come into play in this story of silent suffering. In both Arab historical and cultural contexts, for instance, the female body has historically, even to date, been equated with the erotic and the maternal (El Saadawi 1980; Mernissi 1987; Malti-Douglas 1991; Inhorn 1996; Ghannam 1997; Kadoour et al. 2005).<sup>4</sup> If any departure from this archetype of feminine ideal is often regarded as a marker of difference, deviation and shame, it is little wonder, then, that many Arab women have opted to keep silent about their cancer experiences and about the impact the naming and shaming of cancer has had on them. This condition – to borrow Hind A.S Khattab’s (1992) term – of ‘silent endurance’ has meant that discourses surrounding cancer as a taboo have rarely been challenged and

confronted explicitly. In Bettina Hitzer's (2015) words, the silence surrounding cancer effectively functions to silence those who have cancer: 'As long as cancer remained taboo, the feelings of the cancer patients themselves [are] like a void: perceived but not filled' (260).

If the silence around 'that disease' pervades everyday life, it also extends to and even feeds into literary representations. To examine the body of Arabic literary works on female physical illness – novels, short stories, plays, and memoirs – that have been produced since the 1930's is to examine what I have called the history of an absence (Hamdar 2014). This silence is especially pronounced with regard to cancer narratives, both fictional and autobiographical, and stands in sharp contrast to the proliferation of cancer narratives in Western contexts. In light of these layers of silence, what, then, might it mean to write and produce a play text on Arab women's testimonies of their cancer experience? How can one confront or overcome the discursive hole or lack at the core of such an attempt?

This paper will offer a critical reflection on my play *I Am Waiting For You* [Wasafuli Al-Sabr], which was directed by the acclaimed Lebanese theatre director Lina Abyad and premiered in Beirut in July 2017. Based on extensive interviews with female cancer patients from the Arab world,<sup>5</sup> the play is the first dramatic staging of Arab women's experiences of cancer. Drawing on verbatim quotations from the interviews, the recurring themes and tropes that emerged amongst the different interviewees as well as the emotional state of these interviewees, the play attempts to highlight women's subjective experiences of the disease. Yet if the play focuses on women's cancer testimonies, it also attempts to highlight the story of those women who continue to be bound by the culture of silence. To summarise, I will reflect upon the creative, textual, and dramatic strategies the play deployed to make silence speak or better to make the

silence itself audible? The essay will focus on the ways in which the unspoken and unexpressed experience of cancer *itself* became a (necessary) artistic medium or machine by which the subjectivity of women who had experienced cancer could be articulated. In what follows, I will address three layers or forms of silence in the play: (1) the silence of the women I interviewed; (2) how silence functioned as a structural device or trope within the play and, finally and most importantly, (3) how this silence could be resisted, if not verbally, then at least physically and materially.

### **Context**

In order to put the play in its context, though, I want to begin with a brief account of its composition and production. To start with, *I Am Waiting for You* [Wasafuli Al-Sabr] was written as part of a larger study on a cultural history of cancer in the Arab world, funded by the Arts and Humanities Research Council as part of their Open World Research Initiative. It emerges out of, and extends, research undertaken and published in my first monograph *The Female Suffering body: Illness and Disability in Modern Arabic Literature*. Across a series of readings of modern Arabic fiction, I sought to highlight the culture of silence that informs female illness in the region, specifically the Levant and Egypt, and draw connections between literary representations of female illness and wider cultural discourses on illness and disability. Yet, I always felt that I wanted to do something more than *read* women's representation of illness: I wanted to be able to write about how Arab women have experienced illness in their everyday settings and in their various social environments. In order to pursue this project, I conducted research on Arab women's experiences of cancer in the Levant, Egypt, and the Gulf with the objective of understanding how women experienced cancer 'phenomenologically', from the inside.

To begin work on the play, I first embarked on a series of interviews with women who have or had cancer – and in some cases with their family members – from Lebanon, Syria, Jordan, Saudi Arabia, Egypt, and Palestine in April 2016. It should be noted here that most of my interviewees had never disclosed their cancer diagnosis to anyone except their family members and, in some cases, had even kept it from their relatives and loved ones. Why, then, did these women agree to speak to me? In a sense, one female cancer patient perhaps answered this question best when she told me at the start of the interview: ‘I am tired .... tired of the silence’ (Personal Interview, April 2016).

In the end, of course, not everyone was willing or wanted to speak: some declined the invitation while others agreed to be interviewed but, at the time of the interview itself, would not or could not say anything – even the name of ‘that disease’. At times, the interviewees’ self-censorship was so extreme that I felt compelled to confirm (via third parties) that the person I was speaking to really *did* have cancer after all and that I was not interviewing someone entirely different by mistake. Yet, it was the very silence of the women that I interviewed (and did not interview) that informed the play and its staging, as well as the larger historical silence of generations of Arab women who had experienced cancer but who were never able to tell their story. In this sense, I began to realise that my own cultural study of Arab female cancer recalled the methodological problems encountered by Michel Foucault in his seminal *Madness and Civilization: A History of Insanity in the Age of Reason* (1961) when he sought to write ‘a history of madness’: ‘I have not tried to write the history of that language, but rather the archaeology of that silence’ (xii).

## **An Archaeology of Silence**

In order to produce a play text of Arab female cancer experiences that also accounts for such silences or absences, I think we simply have no choice but to creatively re-imagine the bodies, experiences, and phenomenologies of the women who lived (and often died) with cancer. It is impossible to write and capture the history of the absence of testimonies and representations of Arab female cancer from the cultural archive without beginning, little by little, to ‘structure the void’ (to borrow Jerome Klinkowitz’ (1992) phrase). As I have already indicated, Arab women have for long been known to keep their cancer diagnosis and treatment a secret. The absence of an archive or a record of Arab female cancer testimonies creates a void where patient narratives are concerned. This means that any critic attempting to write a cultural, social, or historical account of female cancer in the Arab world is immediately confronted with the sheer impossibility of writing a purely or classically ‘historical’ account. In other words, what is required is a more experimental and creative methodology and form that seeks – albeit tentatively – to make this silence ‘speak’.

To be sure, I do not mean here that we have licence to simply fictionalise female cancer experiences but rather an appealing to anthropologist Stuart McLean’s (2007) theory of the imagination as ‘an active component of experience and perception engaged in a constant set of interchange with the material textures of the existing world’ (6). For Dara Culhane (2017), writing in the introduction to the collection *A Different Kind of Ethnography*, ‘the potentialities of the imagination’ can likewise ‘force an alternative rendering of social lives, one that accounts for the forgotten, disappeared, hidden and lost’ (13). In this expanded social sense, imaginative practice opens up the possibilities of bridging the boundaries between what Magdalena Kazubowski-Houston (2017) refers to as ‘the historical, social and cultural contexts’ in which embodied experience is situated (15).



To write a work of fiction is thus not to leave behind the world of fact but also, paradoxically, to recognise how deeply ‘the stuff’ of fiction is embedded in our real or factual lives. As Ronald Sukenick writes in his *In Form: Digressions on the Act of Fiction* (1985):

The great advantage of fiction over history, journalism, or any other supposedly ‘factual’ kind of writing is that it is an expressive medium. It transmits feeling, energy, excitement. [...] No other medium [...] can so well deal with our strongest and often most intimate responses to the larger and small facts of our daily lives. No other medium, in other words, can so well keep track of the reality of our experience. (242)

In seeking to weave together the personal, historical experiences of real women with literary, cultural and media images, discourses, and archetypes, I also discovered that such real and fictional experiences are already interwoven at a deep level: what is apparently most intimate and personal is at the same time a fantasy, projection, internalization or even acting and performance.

In summary, *I Am Waiting For You* aimed to construct a creative-critical fusion between the new turn to the imaginary in emerging anthropological and ethnographic methodologies whilst still remaining anchored in the historical and literary archive of Arab literature and culture. To put it somewhat schematically, the play attempted to create a dialogic relationship between (1) Arab women’s testimonies of their cancer experience, (2) literary representations of female cancer in modern Arabic literature and (3) the critical reception of those representations. This multilayered exchange is perhaps best suited to a stage text, where the interaction of characters, the exchange between various social and political contexts, and the movement of bodies in silence and speech can create a kind of collective affective document or testimony. In the end, though, my guiding question remained the same throughout: what is it like for women to experience cancer silently or invisibly?

## *I Am Waiting For You*

In *I Am Waiting For You*, a group of women (and one man) sit waiting in a room that may or may not be a doctor's surgery. They wait patiently and impatiently, nervously and calmly, hopefully and resignedly. Some have been waiting for weeks, others for years, still others seem to have been waiting forever. To fill the silences, they talk to each other, to themselves, and to the space at large. Yet, if most of the women's stories are based on the real empirical stories of the women I interviewed, I also weave in the narrative of two fictional female cancer patients: Syrian Haifaa' Bitar's *Imraa Min Hatha Al- 'Asr* [*A Woman of this Modern Age*] (2004) and Iraqi Betoool Khedairi's *Ghayeb* [*Absent*] (2004). If female cancer is largely excluded from Arabic fiction, these two texts represent the exceptions that prove the rule. They portray affective and corporeal female cancer experiences in a manner that is stripped of symbolism and metaphor. What does Maryam (the breast cancer patient in Bitar's *A Woman of this Modern Age* who speaks about her illness experience in unconventional ways) have to say to Mona, a real-life Lebanese cancer patient? How does Ilham (the cancer 'victim' who works as a nurse in a Baghdad hospital and who suddenly disappears early in Khedairi's *Absent*) manage to re-appear in a Beirut waiting room in 2017? How does the play creatively respond to the negative literary review of Bitar's novel? What is the significance of staging the play in July 2017 in a theatre hall in Beirut named after the renowned Iraqi artist Nuha Al-Radi who died of cancer? In permitting real and fictional women – the living, the dead, and the imaginary – to speak to one another and to speak back to their male friends, lovers, and critics, *I Am Waiting For You* seeks to break the culture of silence which surrounds female cancer in the Arab world.

To be clear, *I Am Waiting for You* arose out of, and always returned to, the testimonies of the female interviewees themselves. As a result of that, the very title of

the play – which is taken from a famous song by the Egyptian singer Umm Khulthum – together with the setting (a waiting room) – constituted an attempt to capture the trope of waiting that seemed to constantly emerge in the stories of the many women who agreed to be interviewed. This waiting took many forms and shapes: waiting for test results, waiting to start treatment, waiting to finish treatment, waiting for partial or complete remission to be confirmed, waiting for one's hair to fall out or grow back, waiting for one's period to stop or return, and for one's body to recuperate; waiting for the cancer to return, waiting to live, and (at times) waiting to die. In a larger sense, though, I also wanted the title to register an ambiguity at the heart of the waiting experience about who precisely is the subject and the object of such waiting.

For many of the women I interviewed, waiting was so central to their experience with the disease that it almost became possible to speak of a kind of 'waiting subjectivity'. To be, in their case, was to wait, but the meaning of waiting is itself inherently undecided or even awaited. It is unclear whether waiting is an active or passive state of subjectivity, a source of strength and vitality, or a confirmation of weakness or impotence. Vincent Crapanzano (1985) argues the very condition of waiting produces feelings of 'powerlessness and vulnerability' (45). Barry Schwartz (1974) also notes that to experience prolonged waiting 'is to be the subject of an assertion that one's own time (and therefore, one's social worth) is less valuable than the time and worth of the one who imposes the wait' (856). If the human condition of waiting is often, as Crapanzano notes, associated with the marginalised and the less powerful, the play also seeks to subvert this status that has become attached to those who have or had cancer: the phrase *I Am Waiting For You* is intended as an expression of active purposeful waiting that also entails hope. While Crapanzano (2010) perceives of hope as a 'waiting-induced paralysis' (115), for the majority of the women I spoke to,

the experience of waiting and hoping was more in line with the philosopher Alain Badiou's (2001; 2003) reflections on the subject. In his reading of Paul's concept of hope, for instance, Badiou conceives of hope as that which incites us to 'keep going!'

As well as waiting, the accounts of most of the women I interviewed also highlighted one of the most prevalent acts Arab women undertake following a cancer diagnosis: 'passing', which refers to 'the way people conceal social markers of impairment to avoid the stigma of disability and pass as "normal"' (Brune & Wilsom 2013, 1). In a region that continues to view female cancer through the lens of what Erving Goffman (1963; 1990) calls 'disfigurement,' 'stigma', and 'shame', Arab women diagnosed with cancer have been known to go to great lengths to pass as 'normal'<sup>6</sup> and to fend off any descriptors of 'spoiled identities'.

Souad,<sup>7</sup> for example, a 62-year-old housewife and mother of two children who are studying at university, discovered that she had early stages of breast cancer three years ago. She hid the news from her husband, who works in marSouth Africa, convincing herself that 'she could finish treatment before his next visit'. While forced to reveal her condition to her children, she made them promise that the news will not 'leave the walls of our house.' Souad even described attending a large get together organized by one of her close friends immediately following her surgery, all the while pretending that nothing was amiss: 'My shoulder was stiff and I could barely walk. The tube was still oozing and I was in a lot of pain. But I went to the hairdresser and got my hair fixed. I wore a loose fitting stylish jacket that hid the draining tube and I applied a lot of make-up. I had to be present at the gathering,' she stressed, 'otherwise my friends would have started asking questions'. Elsewhere she adds: 'I did not want them to know. So I went and I ate and I laughed and no one guessed. Not a single one of them'. Later, Souad would inform her circle of friends and relatives that she was heading to

South Africa to visit her husband. Meanwhile, she remained at home to finish her treatment (Personal Interview, April 2016).

The extensive efforts that Souad goes to in order to hide what Goffman (1963; 1990) famously describes as ‘the mark’ of stigma that is associated with cancer was also a key trope in the accounts given by the other Arab women I interviewed. Yet it was perhaps with Katia – a 39-year-old woman who is married and has a 14-year old son – that the complex process of passing came into full play. Diagnosed with a rare form of brain tumour ten years ago (Katia was just 29 and her son was 3), Katia spoke of her illness and its impact on her career, her family, and her life as a series of silences that had been felt but not expressed for a very long time. Like the other interviewees, Katia spoke of withholding her diagnosis from society, of devising modes of keeping her condition a secret and, most importantly, of pretending to have a different condition – epilepsy – to explain the repeated fits and speech impediments she often had as well as her now faltering walk. At times, she would pretend she was from East Europe and did not speak Arabic to explain away the sudden stutter in her speech. This was often the case when she was in a grocery shop and her sentences no longer came out in ‘comprehensible Arabic.’ This pretext was made possible by the fact that Katia’s condition did not respond to conventional cancer treatment and, thus, the visible signs of the illness and treatment were largely obscured. By the same token, her light complexion and hair coloring allowed her to plausibly claim to be a foreigner (Personal Interview, April 2016).

In writing *I Am Waiting For You* I deployed the trope of passing in the dramaturgical characterization of the stories as well as in the use of visual items of concealment such as wigs, headscarves, and eyebrow tattoos to highlight how – for most of the women I interviewed – a cancer diagnosis was accompanied by a complex

process of visual and social concealment. The trope of passing was also utilized in the building of character identities in such a way as to show the significant impact that passing had on the interviewees individual and social identities. For example, the character who represented Katia in the play will attempt to pass as a non-Arab, speaking only Russian and poring over a dictionary to learn Russian words. In all these ways, the play sought to underscore the ways in which passing was central to Arab women's experiences of cancer as well as the ways in which such passing is subject to a whole set of 'complex psychological and physical performance that can only be understood when situated in a particular historical and social context' (Brune & Wilson 2013, 10).

Yet if the play had its concrete origins in the women's testimonies, I was also continually struck by how those testimonies resonated with stories I had encountered in the few Arabic fictional works that had begun to emerge more recently that depict female cancer experiences. It seemed that this was particularly the case with the Iraqi interviewees who appeared to locate cancer experience in the context of the political crises in their country. As with the character Ilham in Khedairi's *Absent*, the Iraqi women I interviewed had experienced their cancer as a disease that emerged out of the body politic of their nation. To draw out this symbolic resonance, Ilham – who disappears half way through Khedairi's novel – reappears in *I Am Waiting For You* to wait with the other 'real' women. However, there was one aspect of life which many of the women I interviewed felt unable to speak of, namely, how cancer impacted on their sex life and their sense of sexual identity more widely. This is why the figure of Maryam in Bitar's *A Woman of this Modern Age* – a novel attacked by critics such as Yassin Refaiyah (2004) for its intense preoccupation with the erotic – afforded another opportunity to make silence speak. In my play, Maryam from *A Woman of this Modern*

*Age* becomes a speaking subject in her own right, whose story intersects, challenges, and at times contradicts the stories of the real women.

Finally, there is one more Arab woman whose silence both figuratively and literally haunts *I Am Waiting For You*. To source a possible venue for the play, director Lina Abyad and I visited theatres across Beirut before finally discovering a small, unused theatre space in the basement of the well-known Madina Theatre on Hamra Street in the city centre. The space was named after the renowned Iraqi artist and writer Nuha Al-Radi, who had lived in the city for many years before dying of leukemia. As a student, I recall seeing Al-Radi at theatre events held in Beirut – always wearing a large, beautiful flower in her unruly hair – and this is how she is depicted in the portrait of her that hangs in Madina Theatre. For Western audiences, Al-Radi is perhaps best known, not just for her sculptures, ceramics, and paintings, but for her memoir *Baghdad Diaries* (1998) which offers a scathing critique of the US-led interventions in Iraq. If Al-Radi is vocal in her criticism of the Gulf War and the subsequent US sanctions, she also (only half-jokingly) spoke of her wish to sue the US government for causing her cancer: she, like thousands of other Iraqis, believed her cancer was linked to the radioactive pollution caused by the war. She writes in her *Baghdad Diaries*: ‘Hope seems to have vanished for the Iraqi people. Reality becomes worse by the day. We are being depleted like the depleted uranium used on us. Perhaps that is their ultimate aim’ (2003, 156). In staging *I Am Waiting for You* in the hitherto silent and empty Nuha Al-Radi hall, under the watchful eyes of her portrait, we sought to permit Al-Radi to speak once more to, and with, the other real and fictional women in the play.

In the end, though, the text of *I Am Waiting For You* took on meanings beyond anything I had originally intended. It very quickly became clear to me, for instance, that both the director and the cast were deeply uncomfortable with the play’s title. As one

told me, ‘People are not ready for such a title. Not only are we talking about a taboo subject that terrifies them, they might think we are saying everyone will get cancer,’ before adding, hopefully ‘perhaps in a few years’ time we can resort to this title.’ To avoid offending our audience’s – presumably delicate – sensibilities, the director changed the title from *I Am Waiting For You* to another lyric from an Umm Khulthum song: ‘*Wasafuli Al-Sabr*’ [literally, ‘They Prescribed Patience to Me’]. If I certainly found this a beautiful alternative title, I still could not help but be struck by the irony that a play about seemingly endless waiting had, in one sense at least, still arrived too soon for an Arab audience. In the meantime, I (and other Arab women) must still wait patiently for *I Am Waiting For You*.

### **Bodies on Stage**

Moving beyond the writing of the text, I would like to give a concrete example of what I have called the staging of silence in the play which emerged out of a dialogue between the director, the cast, and myself: the representation of the material body. To capture or stage the lives and bodies of those women who were silenced by cancer, the play sought to deploy the very physicality and materiality of the body as a form or alternative or counter-speech act: the staging of the female body itself became a powerful medium through which to make silence ‘speak’. In this context, I would argue that, firstly, the choreography of May Ogden Smith and, secondly, the performance of Iraqi actress Namaa Al-Ward constituted not just a ‘poetics of silence’ but even a ‘poetics of resistance’ against this very silence.

#### **a. May Ogden Smith**



To quickly describe the staging of the play, *I Am Waiting For You* predominantly takes place within a small rectangular space – ‘the waiting room’ – which is occupied by the main characters. Yet outside this rectangular space, partially obscured by a curtain of cling/plastic film, is another stage: this second stage is occupied solely by an anonymous female figure who never speaks throughout the play. As the performance of Ogden Smith demonstrates at various intervals throughout the play, this silent figure occupies a world of silent pain. She contracts her body in a series of painful cramps; she sits on a chair and bends her head backwards; she stretches her arms then wraps them around her body as if to control painful spasms. At other times, she runs around the stage, sometimes reaching the doorway to the waiting room, almost going in then changing her mind and turning back. In each sequence, Ogden Smith’s dance is accompanied by the music of the renowned Egyptian performer Umm Khulthum singing her famous song *Ana Fi Intizarak* [I Am Waiting For You].

It should be stressed that the decision to perform these dance sequences without words from the dancer herself was intentional. After extended discussions, director Abyad, Ogen Smith and I felt that dance would be a powerful means of expressing those stories that had, and would remain, untold. In *I Am Waiting For You*, the dancer’s silence – coupled with her intense physical movements – thus represents and articulates the stories of the many women I encountered during my fieldwork who either refused to speak about their cancer experience or who, during their interview, were simply not able to put into words what they had experienced.

Yet, it is also worth noting here that the audience were often frustrated by the dancer’s silence and partial visibility. As she was never directly in their line of vision, audience members were forced to tilt their head, bend forward, and shift uncomfortably in their seating position in order to get a view of Ogden Smith’s performance. To recall

the exasperated question of the renowned critic, May Mnassa, following one performance: ‘Why isn’t she [the dancer] in the centre of the stage? I struggled to see her throughout the performance!’ (July 2017). This aesthetic distance between the dancer and the spectator, as established by the set and the overall *mis-en-scène*, also stood in sharp contrast to the intimacy established between the audience and the actors on the main stage (who perform on the same level as the audience and who are seated at close proximity). In creating this aesthetic (and affective) distance between Ogden Smith and the spectator, the director sought to mimetically reproduce all the other spatial and temporal ‘distances’ encountered in writing and staging the play: 1) the sheer impossibility of understanding or occupying fully the subject position of female cancer patients from ‘outside’ 2) the refusal or inability of many women to share their cancer experiences and to re-join the public sphere from which they have been excluded and 3) the historical, emotional, and physical alienation of women who have lived their cancer experiences in silence (and even died) in silence.

If Ogden Smith remained silent throughout the first performances of the play, it is striking that her role seemed to provoke the greatest audience response, whether it be bewilderment, exasperation, or empathy and identification. In the nightly Q and A sessions that followed each performance, audience member after audience member spoke up to describe their own experiences and encounters with cancer and frequently drew attention to the ambiguous figure of Ogden Smith: a leading oncologist professed his astonishment at what his own patients really think and feel about their cancer in private; a mother confessed that she had not told her own children that she had cancer; a Christian woman admitted that she wished she was a Muslim when going through her chemotherapy, because then she could cover her hair loss with a headscarf.

What effect did this outpouring of empathy have on Ogden Smith herself? To respond to the audience's own response, she expressed a strong wish to speak during the play: 'I need to say something. I have to say something!' she reiterated to Abyad and myself. It was thus decided that, in subsequent performances to medical staff and cancer patients at the Naef K. Basile Cancer Institute of the American University of Beirut Medical Center in February 2018,<sup>8</sup> the dancer would no longer remain entirely silent. She is depicted on the phone trying to ask for help, calming herself with brief utterances and sighs, or simply declaring in a word or two that she cannot take it anymore. If empathy in theatre 'usually refers to the audience members identifying with the feeling states of the onstage characters,' Caroline Heim (2016) argues that there is another dimension to empathy, namely, the audience members' feelings for the actors themselves (20). In Ogden Smith's performance in *I Am Waiting For You*, though, we arguably discover a further dimension of empathy at play: the actor feeling empathy for the audience and acting differently as a consequence.

In her passage from silence to intermittent speech, Ogden Smith's performance of the material body in pain thus dramatised what Heim calls the drive to 'adjust to the expressions or emotional responses of another' (21). To respond dramatically to the audience's own response, as Ogden Smith did, is to set in motion a process of what the critic further describes as 'emotional contagion': the process in which 'as a consequence of mimicry and feedback, people tend, from moment-to-moment, to "catch" others' emotions' (24). In listening to how the audience disrupt the various silences that surround the play, Ogden Smith felt compelled, even driven, to participate in (or mimic) this disruption of silence.

b. Namaa Al-Ward

In order to give another example of how the material body makes silence speak, I now want to turn to the performance of Iraqi actress Al-Ward. To clarify, Al-Ward plays the role of Ilham in *I am Waiting For You*, an Iraqi cancer patient whose story intersects with the story of the cancer patient in the novel *Absent*. Yet, interestingly, Al-Ward herself had experienced breast cancer and her participation in the play added another subtext to the testimonies on stage. If Al-Ward chose not to narrate her own personal story on stage, the play was undoubtedly a cathartic experience for her: 'I want people to know that they can survive cancer! I want them to see me and know that I am here. That I made it.' In many ways, though, the single most dramatic instance of Al-Ward's affective identification with the stories she was embodying was the actress' decision that not only would she shave her own hair for the role, but that she would also reveal her surgically reconstructed breast to the audience.

To recount the events of our opening night, we – the play's team – watched with fascination and apprehension as the audience entered the Nuha Al-Radi Hall at Madina Theatre, chatting casually. They immediately noticed Al-Ward sitting centre stage, staring defiantly at them. Next, Spanish film director Paloma Yañez Serrano, who was in Beirut to produce a documentary about the performance, walked onto the stage, took out a pair of scissors and began to cut off Al-Ward's hair. There was a stunned silence as the audience gradually realised that what they were watching was 'really' happening. A woman in the audience began to cry silently. A prominent male critic sitting in the front row notably averted his gaze from the stage, unsure where to turn his face. Feeling uncomfortable, a male audience member angrily interjected: 'What is this nonsense?' He and another male audience member go on to cruelly deride Al-Ward's appearance.

In the end, Serrano removed all of Al-Ward's hair with a final flourish, the actress stood up, looked at the audience with a charming smile, and stepped proudly off the stage.

It is crucial to see this act of silent defiance against the backdrop of a culture in which most women uniformly wear a wig or headscarf to hide their cancer treatment. Yet, Al-Ward's conscious and explicit invitation to view the materiality of her body from what performance theorist Jeanie Forte (1992) calls a different 'register' is not the only act of rebellion she undertakes (249). To turn to arguably the most shocking moment in the play, Al-Ward dramatises the story of an Iraqi woman who, like her, had breast cancer, by displaying her own reconstructed breast after the tumour was removed. She highlights the point where the incisions were made, how the breast was patched, and how the illusion of a nipple was constructed. 'Look how beautiful it is. Better than the old one!' she finally declared jokingly, to gasps of shock from the audience. This was – as far as we know – the first time in modern history that a naked female breast has been shown on the Arab stage – and it was the reconstructed breast of a woman who had experienced cancer.

This display of Al-Ward's reconstructed breast unsettles the conventional spectacle in Arab contexts of female sexual bodies on the one hand and completely concealed bodies on the other. To borrow De Shazer's powerful description of unconventional female bodies on stage: 'Signification is ruptured because the onstage presentation of such forbidden images [...] disrupts the all-too-familiar spectacle of women's sexualized bodies on prurient display, vulnerable to masculinist appropriation. ... Such is the power of feminist theatre' (81). If signification is ruptured in Al-Ward's case, it is not because the breast is the forbidden symbol of the erotic but because it is the forbidden symbol of 'that disease' – cancer. In breaking her own silence by revealing a breast that cannot be appropriated by the sexualised male gaze,

Al-Ward performs on stage what Rebecca Schneider (1997) calls ‘an in-your-face literal-ity, a radical satiability that thwarts the consumptive mantra of infinite desire’ (8), in the sense that it invites us to view her body in a way that is not bound to the desires of a male spectator.<sup>9</sup>

If Al-Ward sought to speak the materiality of her body in pain – and to articulate the materiality of other women who had experienced cancer – it is worth noting that (just as in the case with Ogden Smith) her gesture met with male confusion and even resistance from the audience. To recall one post-performance Q and A session with the audience, a well-known male theatre critic opened the discussion by deriding Al-Ward’s act of baring her breast and seeking to re-appropriate it sexually: ‘So this is a reconstructed breast?’ he asked, ‘It’s too beautiful and perfect to be a natural breast. You should get the other one reconstructed as well!’ The critic’s discomfort at coming face to face with Al-Ward’s ‘wounded’ and ‘reconstructed’ breast was such that he sought to erase its history by associating the reconstructed breast with the dominant trend of cosmetic plastic surgery in the region. For Al-Ward, however, what was significant was the silent and non-erotic narrative that the breast contained: ‘Like the woman whose story I am telling, I had breast cancer,’ she insisted, ‘they removed the tumour then they reconstructed part of the breast.’ In the face of such reactions, Al-Ward continued to show her breast night after night and to tell the story of its reconstruction.

In the same way as we saw with Ogden Smith, though, audience response to the spectacle of Al-Ward’s body was not always uniform. Not all male audiences reacted with anger or disgust to such scenes. And not all women cried or looked away. As we increasingly discovered across the duration of the first ten-day performance run, female audiences, in particular, often read and interpreted the play as an affirmation of agency

and empowerment. To take one example, a young female audience member declared after one performance that ‘I am now proud to be a woman’ (July 2017). If male critics often remained reserved and uncomfortable, another female audience member later commented on Al-Ward’s performance on her Facebook account: ‘What courage and strength from her part [Al-Ward] ... in a country that always wants to cover it up, deny it’ (@nicolehamouchewritings, July 2017). In many ways, Al-Ward’s decision to show and ultimately speak about her own experience with breast cancer recalls M. Heather Carver’s (2003) critical discussion of women’s autobiographical performances: Carver writes that ‘by the very nature of the performance, an autobiographical performer takes an authoritative stance, a literal and figurative space traditionally occupied by men’s voices and bodies’ (15), adding that ‘the act of women speaking their own stories publically thus radically challenges traditional notions of agency, spectacle, and spectatorship as female performer moves their bodies from the background to the foreground’ (16).

## **Conclusion:**

In his influential study on *A Biography of Cancer* (2011), oncologist Siddhartha Mukherjee explains the origins of the word cancer. He notes that the disease acquired its name from the crab-like appearance of the enlarged or swollen veins surrounding a tumour on the body, all of which prompted Hippocrates to name it *karkinos* (the Greek word for crab) (47). Yet, as Mukherjee explicates, this is not the only word that would ‘intersect with the history of cancer.’ The Greek word *onkos* (from which the discipline of oncology derives its name) was also at times employed to describe the tumour: *onkos* means ‘a mass or a load, or more commonly a burden,’ and as such the disease was ‘imagined as a burden on the body.’ In Greek theatre, however, Mukherjee observes

that *onkos* also had another meaning: it was used to denote ‘a tragic mask that was often “burdened” with an unwieldy conical weight on its head to denote the psychic load carried by its wearer’ (47).

To draw this essay to a close, *I Am Waiting For You* attempted to explore what we might call a whole set of *onkoi* – of tumours, of bodies, of masks – that have marked women’s experiences with cancer. It sought to reveal the ‘*onkos*’ – the weight or burden – of each individual cancer experience. To be sure, if Arab female cancer has largely been experienced in the private sphere, what is the significance of examining this experience in a public sphere such as the theatre? In giving voice to hitherto historically silent voices and in providing a space in which both audiences and performers could come together and actively engage in constructive dialogue, *I Am Waiting For You* hopefully shifted the silence associated with women’s cancer to one of resistance.

In the play, this poetics of resistance took many shapes and forms: the violation of the taboo of cancer through the subject-matter of the play and its very staging; the breaking of silence surrounding women’s cancer and, most importantly, allowing both the women on stage and the audience to reclaim their stories and subjectivities. To recall one of the most powerful instances of such resistance during the Q & A, a young Arab female cancer researcher prefaced her question on ‘that disease’ by saying: ‘May God keep it[cancer] at bay!’, to which a woman in the audience who had cancer immediately retorted: ‘May God *not* keep at bay!’ If *I Am Waiting For You* achieved anything, I hope it was a small contribution to the ongoing task of not keeping the subject of cancer at bay, of not shrouding ‘that disease’ once more in silence, repression, shame, or terror, and of not reducing people who have cancer to passive or abject subjects, but allowing those individuals to begin the labour of speaking by themselves and for themselves. May God not keep them at bay.



\*Special thanks to the director and cast of *I Am Waiting For You*.

Endnotes:

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<sup>1</sup> Other references to cancer include *al-marad illi mabyitsama* [the disease not to be named].

<sup>2</sup> This is one of the translations of her three-volume autobiography which first appeared in Arabic as *Awraq Hayati* (1995).

<sup>3</sup> While both Arab men and women experience the stigma of cancer, it is more so for women. This is because cancer is often associated with parts of a woman's body that are not talked about openly. By the same token, cancer is seen as affecting a woman's reproductive capacity hence the added stigma and silence. Generally, there are very few, if any, studies that address experiences of social stigma amongst Arab male cancer patients.

<sup>4</sup> For further studies on representations of female sexual bodies in Arabic literature and culture see, for example, *Sexuality and Arab Women* 2002/2003; Accad (1990); Saliba (1995).

<sup>5</sup> In contemporary Western medical discourse, there has been some debate over the ethical value of using the term 'patient' to name people with cancer even though there is no consensus over a better alternative. To give one example, Julia Neuberger (1999) argues that the word "conjures up a vision of quiet suffering, of someone lying patiently in a bed waiting for the doctor to come by and give of his or her skill, and of an unequal relationship between the user of healthcare services and the provider" (1756). If I continue on occasion to use this word, I would ask the reader to insert a silent set of quotation marks to signify its contested status: I have no desire to endorse images of quiet or passive suffering and use the term exclusively to demarcate people undergoing a course of medical treatment for cancer from others who have or had the disease. Finally, I should add that all the interviewees for this project voluntarily described themselves as cancer patients [*maridat saratan*] and I wish to respect that decision rather than impose my own categories upon them.

<sup>6</sup> At a social level, this is even evident in the successful tattoo and wig services available to women following a cancer diagnosis.

<sup>7</sup> All the names of the interviewees have been changed.

<sup>8</sup> The play has so far been performed in three university hospitals across Lebanon thus marking the first instance in which Arab adult theatre performs at a hospital.

<sup>7</sup> See Laura Mulvey's seminal work *Visual and Other Pleasures* (1989).

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